Synopsis

Exploring Entrepreneurship as a Coping Strategy for Mothers of Visually Challenged Children

Submitted By

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APRIL 2025

INTRODUCTION

The study "Exploring Entrepreneurship as a Coping Strategy for Mothers of Visually Challenged Children" serves as a coping mechanism to alleviate stress among mothers of visually challenged children. Visual impairment, caused by genetic, prenatal, and environmental factors, affects a child's development (CDC, 2024), placing emotional, psychological, and financial strain on mothers (WHO, 2019). In India, 19% of children suffer from visual impairments, significantly impacting families (Census of India, 2011). Mothers experience heightened stress due to caregiving demands, societal stigma, and inadequate support systems (Sharma, 2020). Traditional gender roles further exacerbate caregiving burdens (Pongracz & Molnar, 2011).

Entrepreneurship offers mothers financial independence, social engagement and psychological empowerment, improving their well-being (United Nations, 2020). This study investigates its effectiveness as a stress-coping strategy for mothers of visually challenged children. Caregiving responsibilities predominantly fall on mothers, creating gendered disparities (Goetz, 2017). Fathers often contribute less due to work obligations or lack of awareness (Alvarez & Barrera, 2015), leading to marital strain and increased maternal stress (Cramm et al., 2013). Effective resource management in time, energy, and finances is critical for reducing stress (Smith & Smith, 2020). Structured time management tools and peer support networks help mothers balance caregiving, household duties and economic activities (Gupta, 2024; The Vision of Children Foundation, 2024; Willings, 2024).

Energy management is equally crucial. Constant vigilance in caregiving leads to fatigue, impacting parenting and family dynamics (Pintanel et al., 2013). Aligning tasks with peak energy levels and adopting relaxation techniques can mitigate stress (Higazee et al., 2018). Financial strain, due to the high costs of therapy, specialized education and medical care, further contributes to stress (Shahat & Greco, 2021). Budgeting and financial planning improve family stability and reduce economic stress (Holton et al., 2015).

Personal and Well-Being (QoL) is significantly affected by caregiving responsibilities, societal challenges and emotional exhaustion (Woodman & Hauser, 2013). Mothers and children face difficulties in education, social integration, and recreation (Albrecht, 2016). Stress-related mental health issues, including anxiety and depression, are prevalent among

caregivers (Family Caregiver Alliance, 2024). Support networks and structured interventions are crucial in alleviating caregiver burden (Schor, 2003; Sharief, 2014).

Entrepreneurship provides financial independence, flexible work schedules, and social empowerment (Fayolle & Gailly, 2015). Entrepreneurial engagement allows mothers to balance caregiving with income generation, fostering resilience and skill development (Miller & Miller, 2016). By leveraging their abilities, mothers can create sustainable businesses, improving their Personal and Well-Being (Roberts & Roberts, 2019).

The study titled "Exploring Entrepreneurship as a Coping Strategy for Mothers of Visually Challenged Children" investigates the challenges faced by mothers in Chennai. It explores their socioeconomic backgrounds, key stress factors and the impact of entrepreneurship in stress management. The research highlights the need for skill development programs to alleviate stress and enhance financial independence.

Objectives

Keeping these in view, the objectives are to:

- Understand the stress levels of selected mothers in related to socio-economic status.
- Analyse the impact of Life Skills Training (LST) programs to improve their stress levels and skill development through training and support.
- Develop and establish a minor vending store on the school campus for enhanced well-being and income generation.

Hypotheses

- **Ho1.** There would not be a significant difference in factors leading to stress (related to society, spouse, children and housing condition) among the mothers based on selected socio-demographic variables.
- **Ha2.** Significant difference would exist on parental stress levels and personal and social well-being based on selected socio-demographic variables.
- **Ha2.1** Significant difference would exist on parental stress levels based on selected socio-demographic variables'
- **Ha2.2** Significant difference would exist on personal and social well-being based on selected socio-demographic variables
- **Ha3.** There would be a significant relationship between 'factors leading to stresses',

'parenting stress levels' and 'personal and social well-being' among the selected mothers.

- **Ha4.** There would be a significant differences in life skill and skill development among the selected mothers before and after the training programme.
- **Ha5** There would be a significant difference on 'parental stress levels' and 'personal and social well-being' between the selected subjects before and after the training programme.

REVIEW OF LITERATURE

The study "**Exploring Entrepreneurship as a Coping Strategy for Mothers of Visually Challenged Children"** explores five major areas:

2.1 Overview of Visual Impairment (VI): Visual impairment affects a child's biological, psychological, and social development, impacting their education and independence (CDC, 2024). In India, 19% of children are affected (Census, 2011), with causes including genetic, prenatal, and environmental factors (Sharma, 2020). Limited access to care and assistive tools worsens the situation (WHO, 2019). Early intervention is key to better outcomes (Albrecht, 2016).

2.2 Roles and Responsibilities of Mothers: Mothers are the primary caregivers, managing their child's medical, educational, and emotional needs (Sharma, 2020). Societal gender roles intensify this responsibility (Pongracz & Molnar, 2011), and lack of partner or social support adds further stress (Goetz, 2017). Balancing caregiving with household and financial duties often causes burnout, though community support and structured interventions offer relief (Alvarez & Barrera, 2015).

2.3 Stress and its Challenges for Mothers: Caregiving leads to high stress due to financial strain, sleep loss, and social isolation (WHO, 2019; Smith & Smith, 2020). This affects mental health, often resulting in anxiety and depression (Woodman & Hauser, 2013). Lack of inclusive education and accessible services increases the burden (Shahat & Greco, 2021), and family relationships may suffer (Cramm et al., 2013).

2.4 Stress Coping Strategies for Mothers: Effective coping includes time management, mindfulness, and social support (Gupta, 2024). Counseling and self-care enhance mental well-being (Higazee et al., 2018). Peer groups offer practical support (Willings, 2024), while

financial planning and income generation reduce stress (Holton et al., 2015). Support from government and NGOs is also vital (Family Caregiver Alliance, 2024).

2.5 Entrepreneurship as a Stress-Alleviation Strategy: Entrepreneurship offers financial independence, flexible hours, and purpose (Fayolle & Gailly, 2015). Skill-based training empowers mothers to balance caregiving and work (Miller & Miller, 2016). A supportive ecosystem boosts confidence and social integration (Roberts & Roberts, 2019), while economic engagement reduces stress and promotes resilience (United Nations, 2020; Sharief, 2014)

METHODOLOGY

The research design for the present study **"Exploring Entrepreneurship as a Coping Strategy for Mothers of Visually Challenged Children"** are discussed under the following headings:

3.1. Phase 1: Survey to assess the socio-economic status and stress levels among selected mothers of visually challenged children (VCC) (N=423)

3.2. Phase 2: Training and motivating the mothers on life skills and basic skills and evaluating its impact (N=50)

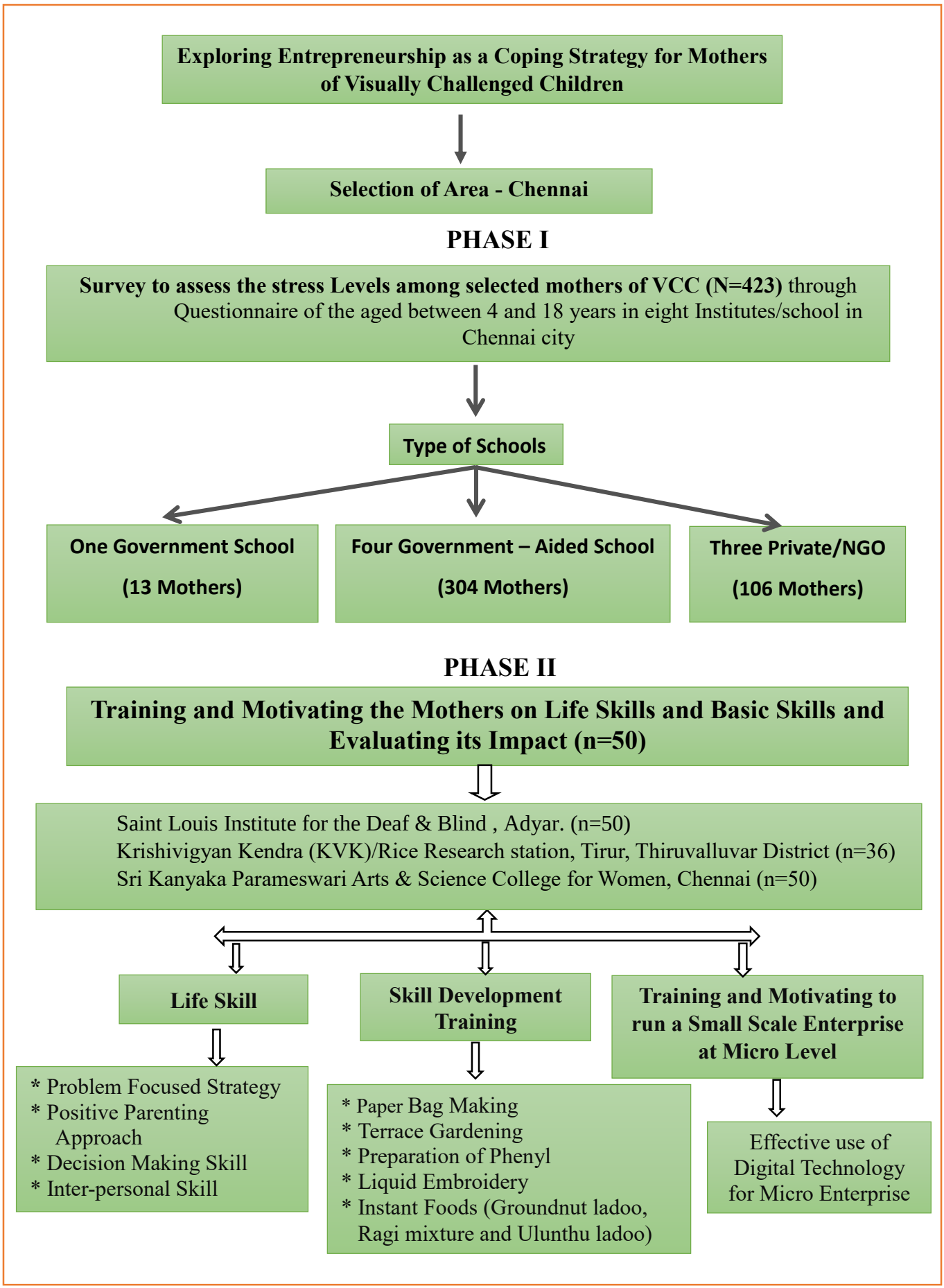
3.3. Phase 3: Creating and launching a small vending store on the school campus, by trained mothers (St. Louis Thai Enterprise)

3.4. Phase 4: Evaluation of the impact of the enterprise creation and level of satisfaction

a) Post-assessment

b) Case Study

The schematic representation of the phases of the study is given in Figure 1.


Exploring Entrepreneurship as a Coping Strategy for Mothers of Visually Challenged Children
Selection of Area - Chennai
PHASE I
Survey to assess the stress Levels among selected mothers of VCC (N=423) through Questionnaire of the aged between 4 and 18 years in eight Institutes/school in Chennai city
Type of Schools
One Government School (13 Mothers)
Four Government – Aided School (304 Mothers)
Three Private/NGO (106 Mothers)
PHASE II
Training and Motivating the Mothers on Life Skills and Basic Skills and Evaluating its Impact (n=50)
Saint Louis Institute for the Deaf & Blind , Adyar. (n=50)
Krishivigyan Kendra (KVK)/Rice Research station, Tirur, Thiruvalluvar District (n=36)
Sri Kanyaka Parameswari Arts & Science College for Women, Chennai (n=50)
Life Skill
Skill Development Training
Training and Motivating to run a Small Scale Enterprise at Micro Level
* Problem Focused Strategy
* Positive Parenting Approach
* Decision Making Skill
* Inter-personal Skill
* Paper Bag Making
* Terrace Gardening
* Preparation of Phenyl
* Liquid Embroidery
* Instant Foods (Groundnut ladoo, Ragi mixture and Ulunthu ladoo)
Effective use of Digital Technology for Micro Enterprise

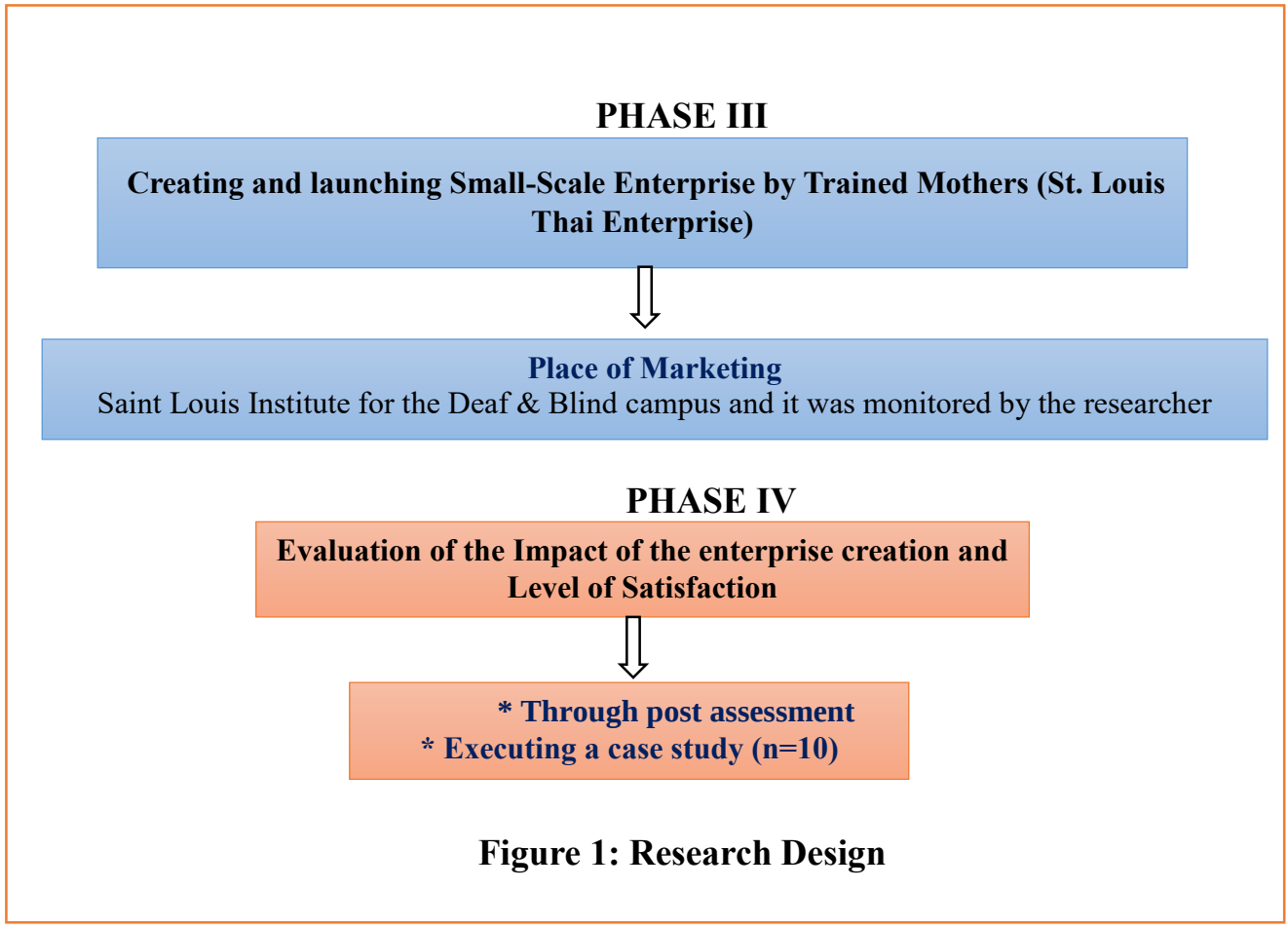

PHASE III
Creating and launching Small-Scale Enterprise by Trained Mothers (St. Louis Thai Enterprise)
Place of Marketing
Saint Louis Institute for the Deaf & Blind campus and it was monitored by the researcher
PHASE IV
Evaluation of the Impact of the enterprise creation and Level of Satisfaction
* Through post assessment
* Executing a case study (n=10)

Figure 1: Research Design

Phase 1: Survey to Assess the Stress levels among Selected Mothers of Visually Challenged Children

A survey was conducted as part of phase I of this study to find out the general socio economic background of families, stress level, personal and well-being and skills needed to overcome stress. Survey is the process of gathering data from existing population units with no specific control over factors that may impact the population characteristics of interest in the research (Kothari and Gaurav, 2019). The survey was conducted to acquire the data needed for this part of the study. Methods that were used in this phase are detailed as follows:

3.1.1 Selection of Study Area

3.1.2 Selection of the Sample

3.1.3 Selection of Tools

3.1.4 Collection of Data

3.1.5 Analysis and Interpretation of Data

3.1.1 Selection of Study Area

Selection of Area and Sample: The study was conducted in Chennai district, covering eight special schools.

3.1.2 Selection of the Sample

A total of 423 mothers were selected using the purposive sampling method. The inclusion criteria ensured participation from mothers of visually impaired children aged 4–18 years, residing in Chennai and willing to participate, while excluding cases with severe additional disabilities and above 18 years of children's mothers.

3.1.3 Selection of tool

This part of the Phase-I include the following:

3.1.3.1 Formulating the interview schedule and

3.1.1.2 Conducting the interview using the pre- tested schedule

3.1.3.1 Formulating the interview schedule

An interview schedule was framed to collect the details from the selected mothers of visually challenged children on socio-economic background, factors leading to stress, family and societal support and stress coping strategies and techniques adopted, attitude and the motivating factors to opt for entrepreneurship in future.

Variables of the study: The variables of the present study are as follows:

Dependent Variables	Independent Variables (Personal Profile of Mothers of VCC)
❖ Factors leading to stress ❖ Levels of Parental Stress ❖ Personal and Social Well-Being	❖ Age of the mother ❖ Educational Qualification of the mother ❖ Employment status of the mother ❖ Family Income ❖ Age of the children ❖ Gender of the children

3.1.4 Collection of data: An interview-cum-observation method was used for effective interaction and better understanding of the mothers' experiences. The primary tool used was an interview schedule developed by the researcher.

3.1.5 Analysis and interpretation of data: The data was statistically analyzed using Statistical Package for the Social Sciences (SPSS) (Version 27.0). Descriptive statistics such as number, percentage, mean, standard deviation 't' test and one-way analysis of variance (ANOVA) were computed.

Inclusion Criteria:

1. Only mothers whose children (aged 4–18 years) are diagnosed with visual impairment.
2. Participants residing in Chennai
3. Only mothers who provided informed consent to be part of the study.

Exclusion Criteria:

1. Males
2. Mothers of Children with Multiple Disabilities

RESULTS AND DISCUSSION

The current research entitled "**Exploring Entrepreneurship as a Coping Strategy for Mothers of Visually Challenged Children** ", was carried out in four separate phases, and the results of each phase are described in this chapter.

4.1.1 (i) Socio economic profile of the selected mothers

4.1.1 (ii) Family profile of selected mother's

4.1.1 (iii) Housing details of the selected mothers

4.1.1 (iv) Details of visually challenged children of the selected families

4.1.1 (v) Time expenditure pattern of the selected mothers

4.1.1 (i) Socio-economic Profile of the Selected Mothers

The socio-economic profile of selected mothers of visually challenged children such as age, educational qualification, marital status, employment status of head of family, employment status of mother and family income are presented in Table 1.

Table 1: Socio-economic Profile of the Selected Mothers (in per cent)

Demographic profile		Number of Children (in per cent)				Total	
		Mothers having male child		Mothers having female child			
		N=233	%	N=190	%	N=423	%
Age of the mother	26-35 years	26	11.2	163	85.8	189	44.7
	36-45 years	149	63.9	14	7.4	163	38.5
	46-55 years	58	24.9	13	6.8	71	16.8
Educational Qualification of the mother (Census of India, 2011)	Illiterate	86	36.9	14	7.4	100	23.6
	Secondary	89	38.2	22	11.6	111	26.2
	Higher Secondary	12	5.2	112	58.9	124	29.3
	UG/ PG	29	12.4	33	17.4	62	14.7
	Professional (B.Ed, CA, B.E and Medicine)	17	7.3	9	4.7	26	6.1
	Living with Spouse	191	82.0	168	88.4	359	84.9

Marital Status	Single Mother	42	18.0	22	11.6	64	15.1
Employment Status of Head of the families	Self-Employed	98	42.1	8	4.2	106	25.1
	Daily Wages	28	12.0	14	7.4	42	9.9
	Regular Wages/Salary	46	19.7	18	9.5	64	15.1
	Professionals	52	22.3	131	68.9	183	43.3
	Not Applicable (Single parent in male it is 42 and in female it is 22)	9	3.9	19	10.0	28	6.6
Employment status of mothers (International Labour Organisation (ILO), 2013)	Homemaker	152	65.2	23	12.1	175	41.4
	Self employed	26	11.2	13	6.8	39	9.2
	Daily wages	9	3.9	9	4.7	18	4.3
	Regular wages/salary	17	7.3	9	4.7	26	6.1
	Professional (Teachers, Lawyers, Doctors and Engineers)	29	12.4	136	71.6	165	39.0
Family Income (World bank classification, 2018)	Low - Less than Rs. 6000/- month	158	67.8	45	23.7	203	48.0
	Lower-middle – between Rs. 6001 to Rs. 22,760/-	33	14.2	6	3.2	39	9.2
	Upper Middle – between Rs. 22,761 to Rs. 70,500/-	32	13.7	3	1.5	35	8.3
	High – Rs. 70,501 and above	10	4.3	136	71.6	146	34.5

A maximum of 44.7% of the selected mothers were in the age group of 26–35 years. Among mothers with female children, majority (85.8%) belonged to the 26–35 years category, whereas among mothers with male children, most (63.9%) were in the 36–45 years category.

Nearly one-fourth (25%) of the selected mothers had educational qualifications at the higher secondary and secondary levels. Among them, higher secondary represented the highest proportion. Among mothers with male children, the highest percentage (38.2%) had completed secondary education, whereas among mothers with female children, 58.9% completed higher secondary education.

A majority (84.9%) of the Selected Mothers were living with their spouse, irrespective of having a male or female child.

Employment status of the head of the family showed that the highest percentage (43.3%) were professionals. Among mothers with male children, the highest (42.1%) were self-employed whereas among mothers with female children, 68.9% of their husbands were professionals.

Employment status of mothers revealed that the highest percentage (41.4%) were home makers. Among mothers with male children, 65.2% were home makers, whereas among

mothers with female children, most (71.6%) were engaged in professional jobs such as teachers, lawyers, doctors, and engineers.

With regard to family income (classified as per the World Bank, 2018), the highest percentage (48.0%) of the Selected Mothers fell under the Low-income category (< Rs. 6,000 per month). Among mothers with male children, 67.8% were in the Low-income category, whereas among mothers with female children, 71.6% fell into the High-income category (Rs. 70,501 & above).

ii) Family Profile of Selected Mothers Visually Challenged Children

Table 2 reveals the family details including family type, family size, and number of children of the selected mothers of visually challenged children subjects involved in this study.

Table 2: Family Profile of the Selected Mothers

Family Profile		**Mothers having male child**		**Mothers having female child**		**Total**	
		N=233	**%**	**N=190**	**%**	**N=423**	**%**
Family Type	Nuclear Family	201	86.3	88	46.3	289	68.3
	Joint Family	32	13.7	102	53.7	134	31.7
Family Size (United Nations. Compendium of human settlements statistics, 1995)	Small Family (2-3 members)	86	36.9	75	39.5	161	38.1
	Medium Sized family (4-5 members)	130	55.8	115	60.5	245	57.9
	Large Family (more than 6 members)	17	7.3	0	0	17	4.0
Number of Children in the Family	One	79	33.9	168	88.4	247	58.4
	Two	121	51.9	22	11.6	143	33.8
	Three (More than Three)	33	14.2	0	0	33	7.8

Table 2 highlights that most mothers with male children come from nuclear families with two children, whereas mothers with female children are more likely to be in joint families with only one child of 4-5 members each respectively.

(iii) Housing Details of the Selected Mothers

Table 3 presents the details regarding the dwelling which includes the ownership, type of houses and area of the dwelling.

Table 3: Housing Details of the Selected Mothers

Housing Details		Mothers having male children		Mothers having female children		Total	
		N=233	C	N=190	%	N=423	%
Ownership	Own House	75	32.2	145	76.3	220	52.0
	Rental House	158	67.8	32	16.8	190	44.9
	Lease	-	-	13	6.8	13	3.1
Type of House	One Room/ Studio	153	65.7	45	23.7	198	46.8
	Twin House	29	12.4	9	4.7	38	9.0
	Duplex House	37	15.9	-	-	37	8.7
	Flat/ apartment	14	6.0	84	44.2	98	23.2
	Multi-storey	-	-	52	27.4	52	12.3
Size of the House (Ministry of Housing & Urban Affairs Government of India, 2021)	Small (500-750 Sq.ft)	118	50.6	45	23.7	163	38.5
	Medium (751-1200 Sq.ft)	105	45.1	9	4.7	114	27.0
	Large (Above 1201 Sq.ft)	10	4.3	136	71.6	146	34.5

Among 423 mothers of visually impaired children**, (**52.0%**)** own a house, and the most common house type is a one-room/studio. Additionally, 38.5% of the mothers reside in small-sized houses (500-750 sq. ft.)**.**

(iv) Details of Visually Challenged Children of the Selected Mothers

Details of children of the selected mothers regarding age of the child, number of VCC, birth order, place of stay of the child and severity and causes of blindness among the children.

Table 4: Details of Visually Challenged Children of the Selected Mothers

Details of Children		Mothers having male child		Mothers having female child		Total	
		N=233	%	N=190	%	N=423	%
Age of the Child Palanikumar and Indirapriya, (2022) National Library of Medicine.	4-6 years (Early Childhood)	23	9.9	9	4.7	32	7.6
	7-10 years (Middle Childhood)	102	43.8	154	81.1	256	60.5
	11-13 years (Early Adolescent)	36	15.5	14	7.4	50	11.8
	14-18 years (Adolescence/teenage)	72	30.9	13	6.8	85	20.1
Number of Visually Challenged Children in Family	One	213	91.4	190	100	403	95.3
	Two	6	2.6	0	0	6	1.4
	Three	14	6.0	0	0	14	3.3
Birth Order of VCC	First – born child	105	45.1	168	88.4	273	64.5
	Second– born child	51	21.9	9	4.7	60	14.2
	Later–born child	77	33.0	13	6.8	90	21.3
Place of Stay of Child	Stay in Home	200	85.8	190	100	390	92.2
	Stay in Hostel	33	14.2	-	-	33	7.8
Severity Level	Complete Blindness	59	25.3	13	6.8	72	17.0
	Partial Blindness	174	74.7	177	93.2	351	83.0
Causes of Blindness (Census 2011)	Retinal Disease	94	40.3	27	14.2	121	28.6
	Genetic Mutation	56	24.0	163	85.8	219	51.8
	Consanguineous marriage	29	12.4	0	0	29	6.9
	Jaundice during pregnancy	20	8.6	0	0	20	4.7
	Nutritional Deficiencies	20	8.6	0	0	20	4.7
	Premature baby	14	6.0	0	0	14	3.3

Most visually challenged children (60.5%) belong to the 7-10 years (middle childhood) with a higher percentage of female children (81.1%)**.** The majority of families **(**95.3%**)** have only one visually impaired child**,** and 64.5% of VCC are first-born, with a significantly higher proportion among female children (88.4%). 92.2% of VCC stay at home, with 100% of female VCC living with their families. Partial blindness (83.0%) is the most common severity, especially among female VCC (93.2%). The leading cause of blindness (51.8%) is genetic

mutation, which is predominant among female children (85.8%), while retinal disease (40.3%) is the most common cause among male visually challenged children.

Factors Leading to Stress as Opined by Mothers of Visually Challenged Children as per Gender

Mean difference between genders with respect to factors leading to stress was tested statistically and the result is presented in Table 5.

Table 5: Mean Difference on Factors Leading to Stress as Opined by Mothers of Visually Challenged Children as per Gender

Factors Leading to Stress	Gender of Children	N	Mean	Standard Deviation	Standard Error Mean	df	t
Stress related to Society	Male	233	29.71	4.13	0.27	421	10.096**
	Female	190	24.60	6.23	0.452		
Stress due to Husband	Male	191	37.65	4.02	0.291	421	16.127 **
	Female	168	30.17	4.77	0.368		
Stress related to Children	Male	233	62.07	3.69	0.242	421	4.232 **
	Female	190	63.49	3.09	0.224		
Stress related to Housing condition	Male	233	12.04	1.34	0.088	421	17.754**
	Female	190	14.28	1.23	0.089		

Society and husband-related stress were significantly higher among mothers of male children, likely due to cultural expectations and pressures associated with raising sons, such as future responsibility and family reputation (Sharma & Gupta, 2014).
On the other hand, child-related and housing condition stress were higher for mothers of female children, reflecting greater concern over safety, mobility, and long-term care of girls with disabilities (Kacker, 2015).

The t-test results indicate a highly significant difference ($p < 0.01$) in stress levels among mothers of visually impaired children based on their child's gender with respect to stress related to society, husband, children and housing conditions. The stress related to society, husband, children and housing condition.

Hence the hypothesis 'significant difference would exist between selected mothers as per gender of VCC regarding factors leading to stress' is accepted.

Personal and Well-Being Analysis across Selected Demographic Variables

Table 6 presents an analysis of personal and well-being scores across selected demographic variables. The analysis uses statistical techniques such as analysis of variance (ANOVA) and t-test to determine the significance of differences in personal and well-being scores based on age, educational qualification, employment status, family income, age of the child and gender of the child. The results highlight how demographic factors influence the overall personal and well-being in the sample population.

Table 6: Personal and Well-Being Analysis across Selected Demographic Variables

Demographic profile		Personal and Well-Being				
		No.	**Mean**	**S.D**	**F-value**	**Critical value**
Age	26 – 35 years	189	46.10	5.43	32.889**	4.656
	36 – 45 years	163	40.12	9.17		
	46 – 55 years	71	44.83	4.86		
Educational qualification	Illiterate	100	37.74	5.14	41.881**	3.364
	Secondary	111	42.14	8.59		
	Higher Secondary	124	46.46	6.87		
	UG/ PG	62	49.55	2.88		
	Professional (B.Ed, CA, B.E and Medicine)	26	44.27	2.43		
Employment status of mothers	Homemaker	175	40.48	8.12	28.948**	3.364
	Self employed	39	40.08	6.89		
	Daily wages	18	41.50	.51		
	Regular wages/salary	26	44.27	2.43		
	Professional (Teachers, Lawyers, Doctors and Engineers)	165	47.82	5.76		
Family Income	Low Income	203	40.28	8.09	53.116**	4.656
	Middle Income	74	44.34	2.77		
	High Income	146	47.80	6.12		
Age of the child	4 - 6 years	32	47.56	7.56	4.827**	3.829
	7 – 10 years	256	43.72	6.86		
	11 – 13 years	50	43.48	8.69		
	14 – 16 years	85	41.73	8.31		

**** - Significant at 1% level**

The analysis of Table 6 reveals significant differences in personal and social well-being scores across various demographic variables, as the F-value are statistically significant at the

1% level. Respondents aged 26–35 years reported the highest mean score in personal and social well-being, indicating a significant variation among age groups. A clear upward trend was observed with personal and social well-being improving consistently with higher education levels. Mothers with UG/PG qualifications reported the highest mean score (M = 49.55), and the F-value (41.881) is statistically significant.

Employed mothers, particularly those in professional, reported better well-being scores (M = 47.82), while unemployed mothers had lower scores (M = 40.48). The F-value (28.948) confirms significance. Regarding family income it was noted that higher income groups reported better personal and social well-being (M = 47.80) compared to those from low income groups with a significant F-value of 53.116. Mothers of younger children (aged 4 –6 years) reported the highest score (M = 47.56), and the F-value (4.827), suggests a significant difference across the child's age groups. Hence "there would be a significant difference in the personal and social well-being on selected demographic profile among the selected mothers" is accepted.

T- test analysis (before and after) of life skill and skill development by the selected mothers of CwVI

The impact of training programs for mothers of visually challenged children was analyzed through a T-test comparing pre-training and post-training scores across various strategies is presented in Table 7.

Table 7: Comparison of Life Skills and Skill Development Before and After Training

Impact of training Programme		Mean	N	Std. Deviation	Std. Error Mean	Df	t	Sig. (2-tailed)
Life Skills								
Problem focused strategies	Before	0.64	50	0.72	0.10	49	52.518	0.000
	After	6.00	50	0.00	0.00			
Emotional focused strategies	Before	1.10	50	0.89	0.13	49	47.066	0.000
	After	7.00	50	0.00	0.00			
Positive Thinking strategies	Before	0.38	50	0.57	0.08	49	157.249	0.000
	After	13.00	50	0.00	0.00			
Decision making strategies	Before	0.12	50	0.44	0.06	49	128.037	0.000
	After	8.00	50	0.00	0.00			
Skill Development (paper bag making, napkin disposal cover, nutritious ladoo, phenyl preparation, liquid embroidery)	Before	.1600	50	.37033	.05237	49	73.567	0.000
	After	9.5600	50	.83690	.11836			

The T-test results indicate significant improvements across all aspects of intervention program strategies after training. Before training, mean scores were notably lower, ranging from 0.12 to 1.10, across problem-focused, emotional-focused, positive thinking and decision-making strategies, as well as skill development. However, after training, mean scores substantially increased, reaching as high as 13.00 for positive thinking strategies. These findings highlights the effectiveness of the training program in enhancing mothers' coping mechanisms and decision-making skills concerning their visually impaired children. The result showed that there was a significant difference on problem focused strategies, emotional focused, positive thinking, decision making and skill development before and after training given to the selected respondents at 1% level. The computed "t" value imply that there is an improvement in the taking decisions after undergoing the training. Hence the hypothesis "There would be a significant differences in life skill and skill development among the selected mothers before and after the training programme" is accepted.

Table 8: Satisfaction Level of the Respondents

Level of Satisfaction		Satisfied	Partially Satisfied	Not Satisfied
Skill training program	Paper bag making/napkin disposal cover	100	-	-
	Mask making	100	-	-
	Preparation of phenyl	100	-	-
	Nutritious ladoo	100	-	-
	Liquid embroidery	96	04	-
Life skill training program	Decision making	82	18	-
	Positive parenting approach	79	21	-
	Problem solving	69	31	-
	Inter – personal skill	64	36	-

Regarding skill training program it was noted that cent percent of the respondents were satisfied with paper bag making/napkin disposal cover, mask making, phenyl preparation and nutritious ladoo followed by 96 per cent of them with liquid embroidery. Regarding Life skill training program 82 per cent of the mothers felt satisfied in decision making followed by 79 per cent with positive parenting approach and 21 per cent were partially satisfied, 69 per cent of the respondents felt satisfied that the intervention helps in problem solving ability and 31 per cent of the respondents were partially satisfied and 64 per cent of the respondents were

satisfied with inter – personal skill and 36 per cent of them were partially satisfied on inter – personal skill gained by intervention programs. The program was largely successful, with particularly strong in skill based activities and decision making.

Table 9: Evaluation of different Products of Selected Mothers (Revenue Gained through Income Generating Activities by Selected Respondents)

Product	**Amount invested/week (in Rs.)**	**No of Product x Cost per Product (in Rs.) = Sold/week (in Rs.)**	**Average amount of profit (in Rs.)**
Phenyl ½ litre bottle 1 litre bottle	580/-	30x20=600 15x40=600 Total 1200/-	620/-
Face Mask	17/-	45x25 Total = 1125/-	1,108/-
Liquid Embroidery Simple Neck and Hand Design Heavy Neck and Hand Design	99/-	150/- 450/- Total 600/-	501/-
Paper Bag Medium Sized Bag = 30 (Nos) Large Sized Bag = 50 (Nos) Napkin Disposal Cover = 75(75/5=15 (Nos)	52/-	30x3=90/- 50x4=200/- 15x10=150/- Total = 440/-	
Nutritious Ladoo Medium Sized = 320 (Nos) 1 ladoo = 20 grams	1,284/-	320x10= 3200/-	1,916/-
Total	**2,032/-**	**6,565/-**	**4,533/-**

SUMMARY

- Majority (85.8per cent) of mothers with female VCC are 26-35 years, while 63.9per cent of mothers with male VCC are 36-45 years. Most mothers with female VCC are diploma holders (58.9 per cent), while those with male VCC have higher secondary education (38.2 per cent). 71.6per cent of mothers of girls are professionals, whereas 65.2 per cent of mothers of boys are unemployed. 71.6 per cent of mothers of girls are

high-income earners, while 67.8 per cent of mothers of boys belong to low-income groups (< Rs. 6000/month).

- 60.5 per cent of children are 7-10 years old; 95.3per cent of families have only one VI child. 83per cent of children are partially blind, with genetic mutation (51.8per cent) as the leading cause. 72.8 per cent of mothers spend <1 hour on their child's studies, and 55 per cent of mothers of boys stay >5 hours at school with their child.
- Highest stressor: "My child is the major source of stress in my life." Stress levels are highest among mothers aged 31-40 years, unemployed, and from low-income families.
- Personal and social well-being is impacted most by physical pain and lack of energy due to caregiving demands
- 90 per cent improved in goal setting, time management. 80 per cent gained business knowledge, creativity, self-sufficiency. 70per cent saw better living conditions, independence, business readiness. 60per cent developed dynamic, risk-taking attitudes. Significant stress reduction and Personal and Well-Being improvement ($p<0.01$). Highly rated for practical application, benefits and organization.
- Business Enterprise Support (St. Louis Thai Venture) (N=20): 52per cent preferred entrepreneurship; 100per cent motivated by researcher, school, and family. Top business promotions: Personal selling (100per cent), within school campus (98per cent). Skill training satisfaction: 100per cent for paper bags, masks, phenyl, and food preparation.

  Business Outcomes & Case Studies: Phenyl Production: Profitable, 98per cent revenue from sales in schools, hospitals, churches. Face Masks: 97per cent of masks sold weekly, profitable during the pandemic. Paper Bags & Napkin Covers: Sustainable, eco-friendly alternative to plastics. Blouse Design & Liquid Embroidery: High demand, affordable alternative to aari work. Nutritious Ladoos: Sold 300+ weekly, generating Rs. 1000 revenue.

CONCLUSION

The study "**Exploring Entrepreneurship as a Coping Strategy for Mothers of Visually Challenged Children**" highlights the significant challenges faced by the mothers of visually challenged children in Chennai, particularly high in stress, financial instability and limited support systems. Prior research has established that caregiving responsibilities heighten stress and economic instability, with limited structured interventions addressing both psychological well-being and financial empowerment. Findings from this study align with global research demonstrating that intervention programs focusing on life skills and

entrepreneurship training significantly reduced stress and improved personal and social well-being. Mothers who participated in skill-based entrepreneurial activities such as phenyl production, mask-making, eco-friendly paper bag creation, and nutritious ladoo preparation experienced enhanced self-confidence, financial independence, and emotional resilience.

This supports previous studies that emphasize entrepreneurship as a sustainable coping strategy for caregivers. Future interventions will integrate education, mental health support and business training to ensure long-term well-being and sustainable independence for these mothers. This study contributes to the growing evidence that entrepreneurship is not just an economic tool but also a transformative strategy for psychological resilience and empowerment.

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